

19064

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 1352

FILED JUN 12 1943

Registration District No. 247

Primary Registration District No. 6076

1. PLACE OF DEATH: St. Vincent's Sanitarium
(a) County St. Louis
(b) City or town St. Louis Helbston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)
In this community 15 years

3. (a) PRINT FULL NAME Sister Margaret (Ellen Mullane)
3. (b) If veteran, Yes name was Spanish American
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single widowed married divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 3, 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 4
If less than one day hr. min.

9. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher - formerly

11. Industry or business
12. Name Michael Mullane
13. Birthplace Ireland (Cork)
(City, town, or county) (State or foreign country)
14. Maiden name Margaret O'Callahan
15. Birthplace Cork Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Margaret - Sup't
(b) Address St. Vincent's Sanitarium

17. (a) BURIAL (b) Date thereof 6-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARILLAC CEMETERY

18. (a) Signature of funeral director Cullen Kelly

(b) Address 1416 N. TAYLOR AVE

19. (a) JUN 8 1943 (b) [Signature]
(City or town, county and state) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis Helbston
(If outside city or town limits, write "RURAL")
(d) Street No. St. Vincent's San
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1943 hour 11 minute 45 AM

21. I hereby certify that I attended the deceased from 6/6/1942 to 6/7/1943
that I last saw her alive on 6/7/1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio renal vascular disease
Due to senility

Due to Cerebral arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
Means of injury

23. Signatures [Signature] [Signature] [Signature]
Address St. Vincent's San Date signed 6/7/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

FEB 7 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Robert M. Neary

Licensed Embalmer No. *3732*

P. O. Address. *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.